

OFFICE OF THE UNITED STATES TRUSTEE
CENTRAL DISTRICT OF CALIFORNIA

| | | |
|---|--------------------------|---------------|
| In Re: VITALITY HEALTH PLAN OF CALIFORNIA, INC. Debtor(s). | CHAPTER 11 (BUSINESS) | |
| | Case Number: | 2:20-21041-WB |
| | Operating Report Number: | 2 |
| | For the Month Ending: | 31-Jan-21 |

I. CASH RECEIPTS AND DISBURSEMENTS
A. (GENERAL ACCOUNT*)

| | |
|--|--|
| 1. TOTAL RECEIPTS PER ALL PRIOR GENERAL ACCOUNT REPORTS | |
| 2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR GENERAL ACCOUNT REPORTS | |
| 3. BEGINNING BALANCE: | 19,517.59 |
| 4. RECEIPTS DURING CURRENT PERIOD: | |
| Accounts Receivable - Post-filing | |
| Accounts Receivable - Pre-filing | |
| General Sales | 1,340,307.53 |
| Other (Specify) | |
| **Other (Specify) Member Premiums | 1,064.51 |
| Bank Fee | 200.00 |
| Deposit Refund | |
| Plan 2 Plan Payments | 287.27 |
| TOTAL RECEIPTS THIS PERIOD: | 1,341,859.31 |
| 5. BALANCE: | 1,361,376.90 |
| 6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD | |
| Transfers to Other DIP Accounts (from page 2) | 0.00 |
| Disbursements (from page 2) | 1,187,382.68 |
| TOTAL DISBURSEMENTS THIS PERIOD:*** | 1,187,382.68 |
| 7. ENDING BALANCE: | 173,994.22 |
| 8. General Account Number(s): | xxxxxx6009 |
| Depository Name & Location: | Chase Bank |
| | 3057 Stevens Creek Blvd, Santa Clara, CA 95050 |

* All receipts must be deposited into the general account.

** Include receipts from the sale of any real or personal property out of the ordinary course of business; attach an exhibit specifying what was sold, to whom, terms, and date of Court Order or Report of Sale.

***This amount should be the same as the total from page 2.

| Date mm/dd/yyyy | Check Number | Payee or DIP account | Purpose | *Amount Transferred | **Amount Disbursed | Amount |
|--------------------|-----------------|--|--|------------------------|-----------------------|-----------|
| 01/19/2021 | Wire | Luman | Jan-20 Internet | | 9,672.66 | 9,672.66 |
| 01/19/2021 | Wire | Genesys Telecommunications Labs, Inc | Jan-21 Pure cloud | | 5,751.42 | 5,751.42 |
| 01/19/2021 | Pay Pal ACH | Adobe | Adobe monthly license | | 798.86 | 798.86 |
| 01/19/2021 | Wire | Tuan X Nguyen MD | For CMO Inv# 010521 | | 15,000.00 | 15,000.00 |
| 01/19/2021 | Wire | Procare MSO Inc | Inv# PCMSO2020DEC for UM and Credentialing monthly services | | 30,000.00 | 30,000.00 |
| 01/19/2021 | Wire | Procare Health Inc | Inv# Vitality01052021 for Claims oversight monthly services | | 10,000.00 | 10,000.00 |
| 01/19/2021 | Wire | Towerstream Corporation | Jan-21 Internet services | | 1,225.00 | 1,225.00 |
| 01/19/2021 | Wire | Towerstream Corporation | For inv 479505 | | 1,225.00 | 1,225.00 |
| 01/19/2021 | Wire | SPH Analytics | invoice IVC34325 for 2021 HEDIS Season | | 9,165.00 | 9,165.00 |
| 01/19/2021 | Wire | MedImpact Healthcare Systems, Inc | Claims processing for 1/8/21 to 1/14/21 | | 63,623.22 | 63,623.22 |
| 01/19/2021 | ACH | QuickBooks | Check stock | | 503.95 | 503.95 |
| 01/20/2021 | Wire | Healthaxis Group LLC | Inv#75750 for Reimburse POBOX 94340 | | 364.00 | 364.00 |
| 01/20/2021 | Wire | Vision Service Plan | Jan-21 SUP CAP | | 7,671.99 | 7,671.99 |
| 01/20/2021 | Wire | Delta Dental of California | Jan-21 SUP CAP | | 4,343.04 | 4,343.04 |
| 01/22/2021 | Wire | Madena, Ltd. | Inv-0844FP for Synchronicity Saar fee in Jan-21 | | 4,350.00 | 4,350.00 |
| 01/22/2021 | Wire | Hear USA | Jan-21 SUP CAP | | 452.40 | 452.40 |
| 01/22/2021 | Wire | American specialty Health Plans | Jan-21 SUP CAP | | 5,530.59 | 5,530.59 |
| 01/25/2021 | Wire | Stretto | Reimbursement for out of pockte mailing costs | | 3,450.00 | 3,450.00 |
| 01/25/2021 | Wire | Chase | Bank fee for Wire reversal to Chancellor Consulting Group | | 39.75 | 39.75 |
| 01/26/2021 | 5000 | Ability Network Inc | Jan-21 Hosted Secure Exchange | | 1,653.75 | 1,653.75 |
| 01/26/2021 | 5001 | Semler Scientific, Inc. | Jan-21 License fees | | 1,639.21 | 1,639.21 |
| 01/26/2021 | 5002 | Premier Workspaces | 7th Floor Premier Mail Services | | 95.00 | 95.00 |
| 01/26/2021 | 5003 | Broadway Warehouse LP | JAN-2021 Stockton Rental | | 3,990.00 | 3,990.00 |
| 01/26/2021 | 5004 | CITY OF CERRITOS | Business License Feb-21-Jan-22 | | 226.00 | 226.00 |
| 01/26/2021 | 5005 | Cecilia Rodgers | Halloween Treats for Stockton PCPs | | 38.81 | 38.81 |
| 01/26/2021 | 5006 | Comcast | Dec-20 and Jan-21 Stockton Internet. | | 1,171.74 | 1,171.74 |
| 01/26/2021 | 5007 | Pitney Bowes | Postage Meter Refill | | 59.87 | 59.87 |
| 01/26/2021 | 5008 | Scorpion Healthcare LLC | Jan-21 Monthly Marketing Servives | | 3,000.00 | 3,000.00 |
| 01/26/2021 | 5009 | Sparkletts | Jan-21 Filtration System Rental | | 39.00 | 39.00 |
| 01/26/2021 | 5010 | Velosio LLC | Jan-2021 Domain | | 1,962.54 | 1,962.54 |
| 01/26/2021 | 5011 | Gia P. Deroze | Member World Wide Coverage Reimbursement | | 3,419.00 | 3,419.00 |
| 01/26/2021 | Wire | Convey Health Solutions | for Dec-20 to Dec-31-20 | | 1,218.50 | 1,218.50 |
| 01/26/2021 | Online pymt | U.S. Trustee Program | Q4 of 2020 US Trustee Quarterly Fee Payment for Cheapter 11 | | 975.00 | 975.00 |
| 01/27/2021 | Wire | Beacon Health Solutions | Jan-21 Services For invoice# VHP-031 | | 49,624.82 | 49,624.82 |
| 01/28/2021 | Wire | LAN Doctors | Feb-21 Datacenter Support | | 11,671.12 | 11,671.12 |
| 01/29/2021 | 5012 | Mark Andes | Jan-2021 CCO | | 12,000.00 | 12,000.00 |
| 01/29/2021 | 5013 | U.S. Bankruptcy Court | Filing Fee Chapter No: 11, Case#: 2:20-bk-2104 | | 31.00 | 31.00 |

| | | | | | | |
|----------------------------------|------------|---|--|------|--------------|----------------|
| 01/29/2021 | 5014 | Vatsala Ramachandran | Member COOP Expenses Reimbursement | | 7,844.46 | 7,844.46 |
| 01/29/2021 | 5015 | Brian Barry | Postage Stamps Reimbursement | | 66.00 | 66.00 |
| 01/29/2021 | 5016 | Beverly Gibbs | Jan-2021 Consulting - Retainer Fee | | 3,000.00 | 3,000.00 |
| 01/29/2021 | 5018 | Healthaxis Group LLC | | | 39,768.14 | 39,768.14 |
| 01/29/2021 | 5017 | ACCUPATH DIAGNOSTIC LABORATORIES | Rex Villanueva Claim DOS: 4/6/20 - In Situ Hybridization | | 216.00 | 216.00 |
| 01/04/2021 | Wire | MedImpact Healthcare Systems, Inc | Claims processing for 12/22 to 12/28/20 | | 31,064.17 | 31,064.17 |
| 01/05/2021 | Wire | MedImpact Healthcare Systems, Inc | Claims processing for 12/22 to 12/28/20 | | 100,000.00 | 100,000.00 |
| 01/05/2021 | Wire | MedImpact Healthcare Systems, Inc | Claims processing for 12/29 to 12/31/20 | | 50,973.20 | 50,973.20 |
| 01/05/2021 | Wire | All Care | Jan-20 CAP and Deposit | | 206,707.55 | 206,707.55 |
| 01/06/2021 | Debit card | Stretto | Reimbursement for out of pockte mailing costs | | 5,000.00 | 5,000.00 |
| 01/06/2021 | ACH | Seoul Medical Group Inc | Jan-20 CAP | | 8,609.79 | 8,609.79 |
| 01/06/2021 | Debit Card | Corporate Image Marketing, Inc. | Vanity-PRO Monthly Service Charge | | 299.00 | 299.00 |
| 01/06/2021 | ACH | Employers Resources | For inv 500227-8134 Payroll | | 20,211.94 | 20,211.94 |
| 01/07/2021 | ACH | Employers Resources | Inv 20211-INT for payroll | | 133,941.26 | 133,941.26 |
| 01/08/2021 | Debit card | Jeb-Phi Inc | PMG HOSPITAL TERMINATION MAILING | | 543.73 | 543.73 |
| 01/11/2021 | Wire | MedImpact Healthcare Systems, Inc | Claims processing for 1/1/21 to 1/7/21 | | 23,242.65 | 23,242.65 |
| 01/11/2021 | Wire | Premier Care of Northern Californai Med | Jan-21 IPA CAP | | 5,878.29 | 5,878.29 |
| 01/11/2021 | Wire | Physician Partners IPA, Inc | Jan-21 IPA CAP | | 96,087.55 | 96,087.55 |
| 01/11/2021 | Wire | Santa Clara County IPA | Jan-21 IPA CAP | | 29,554.21 | 29,554.21 |
| 01/12/2021 | ACH | United Healthcare | HMO insurance monthly premium | | 17,866.77 | 17,866.77 |
| 01/12/2021 | ACH | United Healthcare | PPO insurance monthly premium | | 6,359.84 | 6,359.84 |
| 01/12/2021 | ACH | TPA Operations | CGDP MedicareQ3 2020 H1426 | | 745.53 | 745.53 |
| 01/15/2021 | ACH | Chase | Bank fee for Operating account | | 850.47 | 850.47 |
| 01/15/2021 | ACH | Chase | Bank fee for Payroll account | | 241.05 | 241.05 |
| 01/15/2021 | ACH | Chase | Bank fee for Lockbox | | 476.54 | 476.54 |
| 01/22/2021 | ACH | Employers Resources | Payroll | | 131,852.30 | 131,852.30 |
| | | | | | | 0.00 |
| TOTAL DISBURSEMENTS THIS PERIOD: | | | | 0.00 | 1,187,382.68 | \$1,187,382.68 |

* Fill in amounts in this column if they are TRANSFERS to another DIP account (e.g. Payroll or Tax); the "amount" column will be filled in for you.

** Fill in amounts in this column if they are DISBURSEMENTS to outside payees; the "amount" column will be filled in for you.

*** The debtor inadvertently paid \$5,119 to Crowell Moring. As soon as the Debtor became aware of this payment, the Debtor promptly requested a refund from Crowell, who agreed to return the money.

Bank statement Date: 1/31/2021 Balance on Statement: \$248,292.36

Plus deposits in transit (a):

| <u>Deposit Date</u> | <u>Deposit Amount</u> |
|-----------------------------|-----------------------------|
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |

TOTAL DEPOSITS IN TRANSIT

0.00

Less Outstanding Checks (a):

| <u>Check Number</u> | <u>Check Date</u> | <u>Check Amount</u> |
|---------------------|-------------------|---------------------|
| 5003 | 1/26/2021 | \$ 3,990.00 |
| 5011 | 1/26/2021 | \$ 3,419.00 |
| 5008 | 1/26/2021 | \$ 3,000.00 |
| 5010 | 1/26/2021 | \$ 1,962.54 |
| 5000 | 1/26/2021 | \$ 1,653.75 |
| 5001 | 1/26/2021 | \$ 1,639.21 |
| 5006 | 1/26/2021 | \$ 1,171.74 |
| 5007 | 1/26/2021 | \$ 59.87 |
| 5009 | 1/26/2021 | \$ 39.00 |
| 5005 | 1/26/2021 | \$ 38.81 |
| 5018 | 1/29/2021 | \$ 39,768.14 |
| 5012 | 1/29/2021 | \$ 12,000.00 |
| 5014 | 1/29/2021 | \$ 7,844.46 |
| 5016 | 1/29/2021 | \$ 3,000.00 |
| 5017 | 1/29/2021 | \$ 216.00 |
| 5015 | 1/29/2021 | \$ 66.00 |
| 5013 | 1/29/2021 | \$ 31.00 |

TOTAL OUTSTANDING CHECKS:

79,899.52

Bank statement Adjustments:

Explanation of Adjustments-

| |
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| |
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ADJUSTED BANK BALANCE:

\$168,392.84

* It is acceptable to replace this form with a similar form

** Please attach a detailed explanation of any bank statement adjustment

B. (PAYROLL ACCOUNT)

| | |
|---|--|
| 1. TOTAL RECEIPTS PER ALL PRIOR PAYROLL ACCOUNT REPORTS | <u>286,005.50</u> |
| 2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR PAYROLL ACCOUNT REPORTS | <u>286,005.50</u> |
| 3. BEGINNING BALANCE: | <div>0.00</div> |
| 4. RECEIPTS DURING CURRENT PERIOD: (Transferred from General Account) | <u>286,005.50</u> |
| 5. BALANCE: | <div>286,005.50</div> |
| 6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD TOTAL DISBURSEMENTS THIS PERIOD:*** | <div></div> |
| 7. ENDING BALANCE: | <div>0.00</div> |
| 8. PAYROLL Account Number(s): | <u>xxxx3372</u> |
| Depository Name & Location: | <u>Chase Bank</u> <u>3057 Stevens Creek Blvd, Santa Clara, CA 95050</u> |

| Date mm/dd/yyyy | Check Number | Payee | Purpose | Amount |
|----------------------------------|-----------------|--------------------|-------------------|------------|
| 1/6/2021 | ACH | Employers Resource | Bi-Weekly Payroll | 20,211.94 |
| 1/7/2021 | ACH | Employers Resource | Bi-Weekly Payroll | 133,941.26 |
| 1/22/2021 | ACH | Employers Resource | Bi-Weekly Payroll | 131,852.30 |
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| TOTAL DISBURSEMENTS THIS PERIOD: | | | | 286,005.50 |

Bank statement Date: 1/31/2021 Balance on Statement: \$0.00

Plus deposits in transit (a):

| <u>Deposit Date</u> | <u>Deposit Amount</u> |
|-----------------------------|-----------------------------|
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |

TOTAL DEPOSITS IN TRANSIT 0.00

Less Outstanding Checks (a):

| <u>Check Number</u> | <u>Check Date</u> | <u>Check Amount</u> |
|-----------------------------|-----------------------------|-----------------------------|
| <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> |

TOTAL OUTSTANDING CHECKS: 0.00

Bank statement Adjustments:

Explanation of Adjustments-

ADJUSTED BANK BALANCE: \$0.00

* It is acceptable to replace this form with a similar form

** Please attach a detailed explanation of any bank statement adjustment

| | |
|----------------------------------|------|
| Page 8 of 16 | |
| TOTAL DISBURSEMENTS THIS PERIOD: | 0.00 |

C. (TAX ACCOUNT)

| | |
|---|----------------------------|
| 1. TOTAL RECEIPTS PER ALL PRIOR TAX ACCOUNT REPORTS | <u>0.00</u> |
| 2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR TAX ACCOUNT REPORTS | <u></u> |
| 3. BEGINNING BALANCE: | <div><div></div>0</div> |
| 4. RECEIPTS DURING CURRENT PERIOD: (Transferred from General Account) | <u></u> |
| 5. BALANCE: | <div><div></div>0.00</div> |
| 6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD TOTAL DISBURSEMENTS THIS PERIOD:*** | <div><div></div>0.00</div> |
| 7. ENDING BALANCE: | <div><div></div>0.00</div> |
| 8. TAX Account Number(s): | <u></u> |
| Depository Name & Location: | <u></u> |
| | <u></u> |
| | <u></u> |

Bank statement Date: 1/31/2021 Balance on Statement: _____

Plus deposits in transit (a):

| | <u>Deposit Date</u> | <u>Deposit Amount</u> | |
|---------------------------|---------------------|-----------------------|------|
| n/a | | 0.00 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL DEPOSITS IN TRANSIT | | | 0.00 |

Less Outstanding Checks (a):

| <u>Check Number</u> | <u>Check Date</u> | <u>Check Amount</u> | |
|---------------------------|-------------------|---------------------|------|
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| TOTAL OUTSTANDING CHECKS: | | | 0.00 |

Bank statement Adjustments:

Explanation of Adjustments-

ADJUSTED BANK BALANCE: \$0.00

* It is acceptable to replace this form with a similar form
 ** Please attach a detailed explanation of any bank statement adjustment

| | *Accounts Payable Post-Petition | Accounts Receivable | |
|-----------------|------------------------------------|---------------------|---------------|
| | | Pre-Petition | Post-Petition |
| 30 days or less | 222,596.00 | 0.00 | |
| 31 - 60 days | | | |
| 61 - 90 days | | | |
| 91 - 120 days | | | |
| Over 120 days | | | |
| TOTAL: | 222,596.00 | 0.00 | 0.00 |

V. INSURANCE COVERAGE

| | Name of Carrier | Amount of Coverage | Policy Expiration Date | Premium Paid Through (Date) |
|-----------------------------------|---------------------------|-----------------------|---------------------------|--------------------------------|
| Commercial Blanket | Hartford | \$3,000,000 | 10/1/2021 | 10/1/2021 |
| Commercial Blanket | Sentinel | \$3,000,000 | 10/1/2021 | 10/1/2021 |
| Managed Care Error & Omissions | TDC National Assurance | \$3,000,000 | 4/1/2021 | 4/1/2021 |
| Management Liability | TDC National Assurance | \$1,000,000 | 4/1/2021 | 4/1/2021 |
| Directors & Officers | TDC National Assurance | \$5,000,000 | 4/1/2021 | 4/1/2021 |
| Workers Compensation | State National | \$1,000,000 | 8/31/2021 | 8/31/2021 |
| Cyber Liability | Houston Casualty | \$5,000,000 | 4/1/2021 | 4/1/2021 |
| Reinsurance | IronShore | \$1,000,000 | 12/31/2021 | 10/1/2020 |
| Others: Crime | Liberty Mutual | \$2,000,000 | 10/1/2021 | 10/1/2021 |
| | | | | |

VI. UNITED STATES TRUSTEE QUARTERLY FEES
 (TOTAL PAYMENTS)

| Quarterly Period Ending (Date) | Total Disbursements | Quarterly Fees | Date Paid | Amount Paid | Quarterly Fees Still Owing |
|--------------------------------------|---------------------|----------------|-------------|-------------|-------------------------------|
| 31-Dec-2020 | 148,131.00 | 975.00 | 26-Jan-2021 | 975.00 | 0.00 |
| | | | | | 0.00 |
| | | | | | 0.00 |
| | | 975.00 | | 975.00 | 0.00 |

* Post-Petition Accounts Payable SHOULD NOT include professionals' fees and expenses which have been incurred but not yet awarded by the court. Post-Petition Accounts Payable SHOULD include professionals' fees and expenses authorized by Court Order but which remain unpaid as of the close of the period report

ENDING BALANCES FOR THE PERIOD:

(Provide a copy of monthly account statements for each of the below)

| | | |
|------------------|----------------------------|------------|
| | General Account: | 173,994.22 |
| | Payroll Account: | 0.00 |
| | Tax Account: | 0.00 |
| *Other Accounts: | | |
| | | |
| | | |
| *Other Monies: | N/A | |
| | **Petty Cash (from below): | 0.00 |

TOTAL CASH AVAILABLE:

173,994.22

Petty Cash Transactions:

| Date | Purpose | Amount |
|------|---------|--------|
| | | 0.00 |
| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL PETTY CASH TRANSACTIONS:

0.00

* Specify the Type of holding (e.g. CD, Savings Account, Investment Security), and the depository name, location & account#

** Attach Exhibit Itemizing all petty cash transactions

II. STATUS OF PAYMENTS TO SECURED CREDITORS, LESSORS
 AND OTHER PARTIES TO EXECUTORY CONTRACTS

| Creditor, Lessor, Etc. | Frequency of Payments (Mo/Qtr) | Amount of Payment | Post-Petition payments not made (Number) | Total Due |
|--|-----------------------------------|------------------------|--|-----------|
| Ability Network Inc | Monthly | Varies | 0 | \$ - |
| Advocate Health, LLC | Monthly | Varies | 0 | \$ - |
| Aguilera & Associates, INC | Monthly | Varies | 0 | \$ - |
| All Care | Monthly | Vaies with Enrollment | 0 | \$ - |
| American Logistics | Monthly | Varies by Ride usage | 0 | \$ - |
| American Specialty Health Plans (Acupuncture- Chiropractor) | Monthly | Varies by Membership | 0 | \$ - |
| Anh Tran | Monthly | Varies | 0 | \$ - |
| Audiology Distribution (Hearing Vendor) | Monthly | Varies by Membership | 0 | \$ - |
| Beacon Health Solutions | Monthly | \$ 34,800.00 | 0 | \$ - |
| BIG Services Inc | Monthly | Varies | 0 | \$ - |
| Broadway Warehouse, LP (Stockton Office Lease) | Monthly | \$ 3,990.00 | 0 | \$ - |
| CareNet Healthcare Services | Monthly | \$ 2,570.50 | 0 | \$ - |
| Chamreoun Hin (Contracted Employee Accounting Staff) | Monthly | \$ 1,800.00 | 0 | \$ - |
| City of Cerritos - Business License | Annual | \$ 226.00 | 0 | \$ - |
| Clara Ayora | Monthly | Varies | 0 | \$ - |
| Comcast (Stockton Office Internet) | Monthly | \$ 580.87 | 0 | \$ - |
| Convey Health Solutions | Monthly | Varies by OTC Usage | 0 | \$ - |
| Costas Healthcare Solutions | Monthly | Varies | 0 | \$ - |
| CQ fluency, Inc | Monthly | \$ 460.00 | 0 | \$ - |
| David Wedemeyer | Monthly | \$ 7,175.00 | 0 | \$ - |
| Delta Dental | Monthly | Varies by Membership | 0 | \$ - |
| Diversified Data Design Corp | Monthly | Varies | 0 | \$ - |
| Dr. Tuan Nguyen (Contracted Employee Medical Director) | Monthly | \$ 15,000.00 | 0 | \$ - |
| Echosens | Monthly | Varies | 0 | \$ - |
| Employers Resource, Payroll Vendor | Bi-Weekly | Varies based on volume | 0 | \$ - |
| First General Insurance | Monthly | Varies | 0 | \$ - |
| First Sierra Insurance Services, LLC | Monthly | Varies | 0 | \$ - |
| Genesys Telecommunications Labs | Monthly | \$ 5,944.45 | 0 | \$ - |
| Goldwell Insurance Services | Monthly | Varies | 0 | \$ - |
| Graceland Insurance | Monthly | Varies | 0 | \$ - |
| Green Leaf Financial & Insurance Service | Monthly | Varies | 0 | \$ - |
| HealthAxis Group | Monthly | \$ 28,652.00 | 0 | \$ - |
| Healthy People | Monthly | \$ 12,250.00 | 0 | \$ - |
| Intuit | Monthly | \$ 503.95 | 0 | \$ - |
| JAR Insurance Services, LLC | Monthly | Varies | 0 | \$ - |
| Kenneth Watkins (Contractor- Finance Sr Director) | Monthly | \$ 15,000.00 | 0 | \$ - |
| LAN Doctors (Offsite Data Backup Hosting) | Monthly | \$ 12,000.00 | 0 | \$ - |
| Level 3 Communications (Bandwidth & Back Up Internet) | Monthly | \$ 9,672.66 | 0 | \$ - |
| Louis T. Do | Monthly | Varies | 0 | \$ - |
| Luman | Monthly | Varies | 0 | \$ - |
| Madena, Ltd. | Monthly | \$ 4,350.00 | 0 | \$ - |
| Mark Andes (Contracted Employee Compliance Director) | Monthly | \$ 12,000.00 | 0 | \$ - |
| MedImpact Healthcare Systems (Pharmacy Usage) | Weekly | Varies by Drug Usage | 0 | \$ - |
| Myriad Shields Corporation | Monthly | Varies | 0 | \$ - |
| Navex Global | Quarterly | \$ 2,832.19 | 0 | \$ - |
| Oliver Wyman Actuarial Consulting | Monthly | \$ 7,800.00 | 0 | \$ - |
| OpenText | Monthly | \$ 201.48 | 0 | \$ - |
| Physician Partners IPA | Monthly | Varies by Membership | 0 | \$ - |
| Pitney Bowes | Monthly | Varies | 0 | \$ - |
| Premier Workspaces | Monthly | \$ 95.00 | 0 | \$ - |
| PremierCare of Northern California | Monthly | Varies by Membership | 0 | \$ - |

| | | | | |
|--|----------|----------------------|---|------|
| ProCare Health (Claims Payment Oversight Services) | Monthly | \$ 10,000.00 | 0 | \$ - |
| ProCare Health (UM and Credentialing Services) | Monthly | \$ 30,000.00 | 0 | \$ - |
| Purchase Power | Monthly | \$ 59.87 | 0 | \$ - |
| Quest Analytics | Monthly | Varies | 0 | \$ - |
| Quest Diagnostics Clinical Laboratories | Monthly | Varies | 0 | \$ - |
| Right Networks | Monthly | \$ 107.70 | 0 | \$ - |
| RILCO Service | Monthly | Varies | 0 | \$ - |
| RREF Cerritos (Cerritos Offices Lease) | Monthly | \$ 47,000.00 | 0 | \$ - |
| Santa Clara County IPA | Monthly | Varies by Membership | 0 | \$ - |
| Scorpion Healthcare (Website Hosting) | Monthly | \$ 3,000.00 | 0 | \$ - |
| SDL (American Disabilities Act 508 Remediation) | Monthly | \$ 570.00 | 0 | \$ - |
| Secure Healthcare Solutions | Monthly | Varies | 0 | \$ - |
| Semler Scientific | Monthly | \$ 1,639.21 | 0 | \$ - |
| Seoul Medical Group | Monthly | Varies by Membership | 0 | \$ - |
| South Bay Health and Insurance Services | Monthly | Varies | 0 | \$ - |
| Sparkletts | Monthly | \$ 39.00 | 0 | \$ - |
| SPH Analytics | Seasonal | \$ 9,165.00 | 0 | \$ - |
| Team Alvarez Insurance | Monthly | Varies | 0 | \$ - |
| Tivity Health (Member Fitness Benefit) | Monthly | Varies by Membership | 0 | \$ - |
| Tivity Health, Inc | Monthly | Varies | 0 | \$ - |
| Towerstream Corporation | Monthly | \$ 2,450.00 | 0 | \$ - |
| Unique Health Insurance Services, LLC | Monthly | Varies | 0 | \$ - |
| United Healthcare (Employee HMO Health Insurance) | Monthly | \$ 17,866.77 | 0 | \$ - |
| United Healthcare (Employee PPO Health Insurance) | Monthly | \$ 6,359.84 | 0 | \$ - |
| Velosio | Monthly | \$ 1,962.54 | 0 | \$ - |
| Vision Service Plan (VSP) | Monthly | Varies by Membership | 0 | \$ - |
| | | | 0 | \$ - |
| TOTAL DUE: | | | | 0.00 |

Note: Schedule II reports parties with recent activity.

III. TAX LIABILITIES

FOR THE REPORTING PERIOD:

Gross Sales Subject to Sales Tax: _____

Total Wages Paid: 108,894.81

| | Total Post-Petition Amounts Owing | Amount Delinquent | Date Delinquent Amount Due |
|------------------------|--------------------------------------|-------------------|-------------------------------|
| Federal Withholding | | | |
| State Withholding | | | |
| FICA- Employer's Share | | | |
| FICA- Employee's Share | | | |
| Federal Unemployment | | | |
| Sales and Use | | | |
| Real Property | | | |
| Other: CA Disability | | | |
| TOTAL: | 0.00 | 0.00 | |

[illegible]

VIII. SCHEDULE OF OTHER AMOUNTS PAID TO INSIDERS

[illegible]

* Please indicate how compensation was identified in the order (e.g. \$1,000/week, \$2,500/month)

| | Current Month 1/1/2021 to 1/31/ 2021 | Cumulative Post-Petition |
|--|--|--------------------------|
| Sales/Revenue: | | |
| Gross Sales/Revenue | 762,403.00 | 2,092,125.00 |
| Less: Returns/Discounts | | |
| Net Sales/Revenue | 762,403.00 | 2,092,125.00 |
| Cost of Goods Sold: | | |
| Beginning Inventory at cost | | |
| Purchases (Medical Costs) | 693,630.00 | 1,816,314.00 |
| Less: Ending Inventory at cost | | |
| Cost of Goods Sold (COGS) | 693,630.00 | 1,816,314.00 |
| Gross Profit | 68,773.00 | 275,811.00 |
| Other Operating Income (Itemize) | | |
| Operating Expenses: | | |
| Payroll - Insiders | | |
| Payroll - Other Employees | 303,582.26 | 437,523.26 |
| Payroll Taxes | | |
| Other Taxes (Itemize) | | |
| Depreciation and Amortization | 27,303.00 | 38,752.00 |
| Rent Expense - Real Property | 49,475.00 | 68,600.00 |
| Lease Expense - Personal Property | | |
| Insurance | 14,500.00 | 20,474.00 |
| Real Property Taxes | | |
| Telephone and Utilities | 19,084.00 | 23,567.00 |
| Repairs and Maintenance | | |
| Travel and Entertainment (Itemize) | | |
| Miscellaneous Operating Expenses (Itemize) | 1,112.00 | 1,112.00 |
| Broker Commissions | 34,945.00 | 87,602.00 |
| Software Fees & Services | 46,588.00 | 66,686.00 |
| Dues & Subscriptions | 2,899.00 | 4,115.00 |
| Taxes & Licenses | 163.00 | 163.00 |
| Bank Fees | 1,408.00 | 2,193.00 |
| Office Supplies | 937.00 | 937.00 |
| Consulting Services | 113,019.00 | 113,019.00 |
| Outside Services | 207,897.00 | 207,897.00 |
| Total Operating Expenses | 822,912.26 | 1,072,640.26 |
| Net Gain/(Loss) from Operations | (754,139.26) | (796,829.26) |
| Non-Operating Income: | | |
| Interest Income | | |
| Net Gain on Sale of Assets (Itemize) | | |
| Other (Itemize) | | |
| Total Non-Operating income | 0.00 | 0.00 |
| Non-Operating Expenses: | | |
| Interest Expense | | |
| Legal and Professional (Itemize) | | |
| Other (Itemize) | | |
| Total Non-Operating Expenses | 0.00 | 0.00 |
| NET INCOME/(LOSS) | (754,139.26) | (796,829.26) |

(Attach exhibit listing all itemizations required above)

| ASSETS | Current Month End | |
|-------------------------------------|-------------------|--------------|
| Current Assets: | | |
| Unrestricted Cash | 173,994.00 | |
| Restricted Cash | | |
| Accounts Receivable | | |
| Inventory | | |
| Notes Receivable | | |
| Prepaid Expenses | | |
| Other (Itemize) | | |
| Rebates | 439,559.00 | |
| Other Receivables | 1,172,887.00 | |
| Other Receivables | 500,000.00 | |
| Allowance for uncollectable Account | (500,000.00) | |
| Prepaid Expenses | 175,850.00 | |
| Deposit Refund Recievable | 29,750.00 | |
| Vendor Reimbursement | 5,119.00 | |
| Total Current Assets | | 1,997,159.00 |
| Property, Plant, and Equipment | 1,822,839.00 | |
| Accumulated Depreciation/Depletion | (772,781.00) | |
| Net Property, Plant, and Equipment | | 1,050,058.00 |
| Other Assets (Net of Amortization): | | |
| Due from Insiders | | |
| Other (Itemize) | | |
| Security Deposit | 301,202.00 | |
| Lease Deposit | 335,546.00 | |
| Other Deposits | 85,829.00 | |
| Total Other Assets | 722,577.00 | 722,577.00 |
| TOTAL ASSETS | | 3,769,794.00 |
| LIABILITIES | | |
| Post-petition Liabilities: | | |
| Accounts Payable | 222,596.00 | |
| Taxes Payable | | |
| Notes Payable | | |
| Professional fees | | |
| Secured Debt | | |
| Other (Itemize) | | |
| Deferred Income | 579,193.00 | |
| Deferred Rent | | |
| Capitation Payable | | |
| Part D Settlement Liability | 24,221.67 | |
| IBNR | 728,219.00 | |
| Accured Payroll | 127,291.26 | |
| Accrued Vacation | 1,161 | |

| | |
|-------------------------------|--|
| Accrued Interest | |
| Accrued Interest-Subordinated | |
| Note Payable Subordinated | |
| Note Payable SBA Loan | |
| Note Payable-VHP | |

| | |
|---------------------------------|--------------|
| Total Post-petition Liabilities | 1,682,681.83 |
|---------------------------------|--------------|

Pre-petition Liabilities:

| | |
|-----------------------|---------------|
| Secured Liabilities | |
| Priority Liabilities | |
| Unsecured Liabilities | 33,211,826.60 |
| Other (Itemize) | |

| | |
|--------------------------------|---------------|
| Total Pre-petition Liabilities | 33,211,826.60 |
|--------------------------------|---------------|

| | |
|-------------------|---------------|
| TOTAL LIABILITIES | 34,894,508.43 |
|-------------------|---------------|

EQUITY:

| | |
|-----------------------------|-----------------|
| Pre-petition Owners' Equity | (30,327,885.17) |
| Post-petition Profit/(Loss) | (796,829.26) |
| Direct Charges to Equity | |

| | |
|--------------|-----------------|
| TOTAL EQUITY | (31,124,714.43) |
|--------------|-----------------|

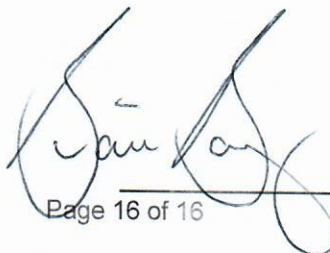
| | |
|----------------------------|--------------|
| TOTAL LIABILITIES & EQUITY | 3,769,794.00 |
|----------------------------|--------------|

- | | No | Yes |
|---|--------------|--------------|
| 1. Has the debtor-in-possession made any payments on its pre-petition unsecured debt, except as have been authorized by the court? If "Yes", explain below: The debtor inadvertently paid \$5,119 to Crowell Moring. As soon as the Debtor became aware of this payment, the Debtor promptly requested a refund from Crowell, who agreed to return the money. | _____ | <u> x </u> |
| <hr/> | | |
| 2. Has the debtor-in-possession during this reporting period provided compensation or remuneration to any officers, directors, principals, or other insiders without appropriate authorization? If "Yes", explain below: | No | Yes |
| | <u> x </u> | _____ |
| <hr/> | | |
| 3. State what progress was made during the reporting period toward filing a plan of reorganization "The Debtor has been extensively marketing its business to prospective buyers/investors, and has received significant interest from numerous parties, and expects to be filing shortly a sale procedures that will pave the way toward preparation and confirmation of a plan of reorganization." | | |
| 4. Describe potential future developments which may have a significant impact on the case: | | |
| 5. Attach copies of all Orders granting relief from the automatic stay that were entered during the reporting period. | | |
| 6. Did you receive any exempt income this month, which is not set forth in the operating report? If "Yes", please set forth the amounts and sources of the income below. | No | Yes |
| | <u> X </u> | _____ |
| <hr/> | | |

I, Brian Barry, President
declare under penalty of perjury that I have fully read and understood the foregoing debtor-in-possession operating report and that the information contained herein is true and complete to the best of my knowledge.

2-23-21

Date



Page 16 of 16

Principal for debtor-in-possession



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

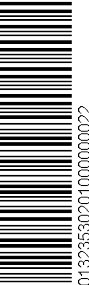
January 14, 2021 through January 29, 2021

Account Number: [REDACTED] 6009

00132353DRE 703 142 03021 NNNNNNNNNN T 1 000000000 61 0000
VITALITY HEALTH PLAN OF CALIFORNIA, INC.
18000 STUDEBAKER RD STE 960
CERRITOS CA 90703

CUSTOMER SERVICE INFORMATION

Web site: www.Chase.com
Service Center: 1-877-425-8100
Deaf and Hard of Hearing: 1-800-242-7383
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679



CHECKING SUMMARY

Chase Analysis Business Checking

| | INSTANCES | AMOUNT |
|--------------------------|-----------|---------------------|
| Beginning Balance | | \$0.00 |
| Deposits and Additions | 8 | 497,522.93 |
| Checks Paid | 2 | -321.00 |
| Electronic Withdrawals | 23 | -248,909.57 |
| Ending Balance | 33 | \$248,292.36 |

DEPOSITS AND ADDITIONS

| DATE | DESCRIPTION | AMOUNT |
|-------------------------------------|---|---------------------|
| 01/14 | Online Transfer From Chk ...6223 Transaction#: 11000742775 | \$470,000.00 |
| 01/19 | Deposit [REDACTED] 3149 | 3.90 |
| 01/19 | Orig CO Name:Paypal Orig ID:Paypalrd33 Desc Date:210118 CO Entry Descr:Verifybanksec:PPD Trace#:021000026021720 Eed:210119 Ind ID:1011987594577 Ind Name:Kalina Kalai 210118Ppz9F1 Trn: 0196021720Tc | 0.14 |
| 01/19 | Orig CO Name:Paypal Orig ID:Paypalrd33 Desc Date:210118 CO Entry Descr:Verifybanksec:PPD Trace#:021000026021719 Eed:210119 Ind ID:1011987594578 Ind Name:Kalina Kalai 210118Ppz9F1 Trn: 0196021719Tc | 0.11 |
| 01/25 | Online Transfer From Chk ...6223 Transaction#: 11064224164 | 15,000.00 |
| 01/25 | Wire Reversal B/O: JPMC Cb Funds Transfer Same Day Tampa FL 33610-9128 US Org: Aba/021000089 Citibank N.A. Ref:/Bnf/Our Ref Jpm210125-007951 Chaseref9473209025Ff Rtn Dtd 01/25/202 1 Trn 3483291025Es As Ref 20210125 B1 Qgc03C011161 Need Valid Bnf Acc Oun Tt O Cred It Less Fees Trn: 6814900025Hh | 12,253.00 |
| 01/25 | Online Transfer From Chk ...5555 Transaction#: 11055617010 | 202.98 |
| 01/26 | Deposit [REDACTED] 8310 | 62.80 |
| Total Deposits and Additions | | \$497,522.93 |



January 14, 2021 through January 29, 2021

Account Number: [REDACTED] 6009

CHECKS PAID

| CHECK NO. | DESCRIPTION | DATE PAID | AMOUNT |
|--------------------------|-------------|-----------|-----------------|
| 5002 ^ | | 01/29 | \$95.00 |
| 5004 * ^ | | 01/29 | 226.00 |
| Total Checks Paid | | | \$321.00 |

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

ELECTRONIC WITHDRAWALS

| DATE | DESCRIPTION | AMOUNT |
|-------|--|-------------|
| 01/19 | 01/19 Online Domestic Wire Transfer Via: US Bk CA Aub/121122676 A/C: Medimpact Healthcare Systems San Diego CA 92121 US Ref: Invoice 30083341 Imad: 0119B1Qgc01C004271 Trn: 3179261019Es | \$63,623.22 |
| 01/19 | Orig CO Name:Paypal Orig ID:Paypalsi77 Desc Date:210118 CO Entry Descr:Inst Xfer Sec:Web Trace#:021000027104011 Eed:210119 Ind ID:Adobe Inc Ind Name:Kalina Kalai 210118Ppz9Q9 Trn: 0197104011Tc | 798.61 |
| 01/19 | Orig CO Name:Intuit Orig ID:0000756346 Desc Date:210116 CO Entry Descr:Checksformsec:CCD Trace#:021000027104007 Eed:210119 Ind ID:4923976 Ind Name:Brian Barry 800-446-8848 Trn: 0197104007Tc | 503.95 |
| 01/19 | Orig CO Name:Paypal Orig ID:Paypalrd33 Desc Date:210118 CO Entry Descr:Verifybanksec:PPD Trace#:021000027104009 Eed:210119 Ind ID:1011987594579 Ind Name:Kalina Kalai 210118Ppz9F1 Trn: 0197104009Tc | 0.25 |
| 01/20 | 01/20 Online Domestic Wire Transfer Via: Bk Amer Nyc/026009593 A/C: Towerstream Corporation Middleton RI 02842 US Ref: Invoices 477428 And 479505 Imad: 0120B1Qgc08C001326 Trn: 3040061020Es | 2,450.00 |
| 01/20 | 01/20 Online Domestic Wire Transfer A/C: Tuan Xuan Nguyen, M.D., A Professiogarden Grove CA 92843-4991 US Ref: Vitality Monthly Fee Trn: 3041521020Es | 15,000.00 |
| 01/20 | 01/20 Online Domestic Wire Transfer A/C: Procure Health, Inc. Garden Grove CA 92840- US Ref: Monthly Vitality Rate Trn: 3042891020Es | 30,000.00 |
| 01/20 | 01/20 Online Domestic Wire Transfer A/C: Procure Health, Inc. Garden Grove CA 92840- US Ref: Monthly Rate For Vitality Claims Trn: 3043041020Es | 10,000.00 |
| 01/20 | 01/20 Online Domestic Wire Transfer Via: Sil Vly Bk Scla/121140399 A/C: Sph Analytics Alpharetta GA 30009 US Ref: Invoice 34325/Time/08:02 Imad: 0120B1Qgc03C002631 Trn: 3051821020Es | 9,165.00 |
| 01/20 | 01/20 Online Domestic Wire Transfer Via: Wells Fargo NA/121000248 A/C: Level 3 Communications LLC Broomfield CO 80021 US Ref: January 2021 Invoice/Time/06:22 Imad: 0120B1Qgc05C001557 Trn: 3053791020Es | 9,672.66 |
| 01/20 | 01/20 Online Domestic Wire Transfer Via: Wells Fargo NA/121000248 A/C: Genesys Telecommunications Labs Daly City CA 94014 US Ref: Vitality Health Plan January 2021 Invoice/Bnf/Monthly Vitality Invoice/Time/06:22 Imad: 0120B1Qgc05C001558 Trn: 3055541020Es | 5,751.42 |
| 01/20 | 01/20 Online Domestic Wire Transfer Via: Union LA Aka Uboc/122000496 A/C: Vision Service Plan Rancho Cordova CA 95670 US Ref: Vitality January 2021 Capitation/Time/14:09 Imad: 0120B1Qgc01C011453 Trn: 3311601020Es | 7,671.99 |
| 01/20 | 01/20 Online Domestic Wire Transfer Via: Union LA Aka Uboc/122000496 A/C: Delta Dental Cerritos CA 90703 US Ref: Vitality January 2021 Capitation/Time/14:13 Imad: 0120B1Qgc05C011090 Trn: 3314661020Es | 4,343.04 |
| 01/21 | 01/21 Online Domestic Wire Transfer Via: Fifth Third Bk NA/042000314 A/C: Aba/063103915 Tampa FL 33675-5079 US Ben: Healthaxis Group LLC Cincinnati OH 452638084 US Ref: Miscellaneous Expense/Time/16:05 Imad: 0121B1Qgc02C010411 Trn: 3356751021Es | 364.00 |



January 14, 2021 through January 29, 2021

Account Number: [REDACTED] 6009

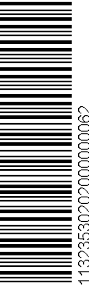
ELECTRONIC WITHDRAWALS (continued)

| DATE | DESCRIPTION | AMOUNT |
|-------------------------------------|---|---------------------|
| 01/22 | 01/22 Online Domestic Wire Transfer Via: Citibank Nyc/021000089 A/C: Audiology Distribution LLC Palm Beach Gardens FL 33410 US Ref: Vitality January 2021 Capitation/Time/15:39 Imad: 0122B1Qgc02C009615 Trn: 3392161022Es | 452.40 |
| 01/22 | 01/22 Online Domestic Wire Transfer Via: Bangor Svgs Bk/211274382 A/C: Madena Ltd Biddeford ME 04005 US Ref: Vitality Invoice 0844Fp January 2021 Imad: 0122B1Qgc06C015167 Trn: 3387831022Es | 4,350.00 |
| 01/22 | 01/22 Online Domestic Wire Transfer Via: Umpqua Bank/123205054 A/C: American Specialty Health Plans San Diego CA 92121 US Ref: Vitality January 2021 Capitation Imad: 0122B1Qgc01C010828 Trn: 3398951022Es | 5,530.59 |
| 01/25 | 01/25 Online Domestic Wire Transfer Via: Pac Western Bk CA/122238200 A/C: Stretto Irvine CA 92602 US Ref: Vitality Invoice 4510 Imad: 0125B1Qgc03C009428 Trn: 3449851025Es | 3,450.00 |
| 01/25 | 01/25 Online Domestic Wire Transfer Via: Citibank Nyc/021000089 A/C: Chancellor Consulting Group Novato CA 94945 US Ref: Invoice 12-19 To 12-31 2020/Time/17:17 Imad: 0125B1Qgc03C011161 Trn: 3483291025Es | 12,293.00 |
| 01/26 | 01/26 Online Domestic Wire Transfer Via: Wells Fargo NA/121000248 A/C: Convey Health Solutions Weston FL 33326 US Ref: Vitality Payment Invoice 2012153002/Time/14:24 Imad: 0126B1Qgc07C008582 Trn: 3305611026Es | 1,218.50 |
| 01/27 | 01/27 Online Domestic Wire Transfer Via: Fifth Third Bk NA/042000314 A/C: Aba/063103915 Tampa FL 33675-5079 US Ben: Beacon Health Solutions Tampa FL 33609 US Ref: Vitality Invoice Vhp-031/Time/08:02 Imad: 0127B1Qgc03C002425 Trn: 3041141027Es | 49,624.82 |
| 01/27 | Orig CO Name:Quarterly Fee Orig ID:1501000502 Desc Date:210126 CO Entry Descr:Payment Sec:CCD Trace#:041036042999173 Eed:210127 Ind ID:0000 Ind Name:Vitality Health Plan O Transaction Trn: 0262999173Tc ACH | 975.00 |
| 01/28 | 01/28 Online Domestic Wire Transfer A/C: Ldi Consulting Inc East Stroudsburg PA 18301-7621 US Ref: Vitality Monthly Invoice February 2021 Trn: 3380591028Es | 11,671.12 |
| Total Electronic Withdrawals | | \$248,909.57 |

Your service charges, fees and earnings credit have been calculated through account analysis.

DAILY ENDING BALANCE

| DATE | AMOUNT |
|-------|--------------|
| 01/14 | \$470,000.00 |
| 01/19 | 405,078.12 |
| 01/20 | 311,024.01 |
| 01/21 | 310,660.01 |
| 01/22 | 300,327.02 |
| 01/25 | 312,040.00 |
| 01/26 | 310,884.30 |
| 01/27 | 260,284.48 |
| 01/28 | 248,613.36 |
| 01/29 | 248,292.36 |





January 14, 2021 through January 29, 2021

Account Number: [REDACTED] 6009

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

January 01, 2021 through January 29, 2021

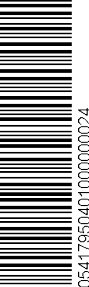
Primary Account: [REDACTED] 3006

CUSTOMER SERVICE INFORMATION

Web site: www.Chase.com
Service Center: 1-877-425-8100
Deaf and Hard of Hearing: 1-800-242-7383
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679

00541795 DRE 703 210 03021 NNNNNNNNNN 1 000000000 80 0000

VITALITY HEALTH PLAN OF CALIFORNIA, INC.
18000 STUDEBAKER RD STE 960
CERRITOS CA 90703



05417950401000000024

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings

| | ACCOUNT | BEGINNING BALANCE THIS PERIOD | ENDING BALANCE THIS PERIOD |
|----------------------------------|------------------|----------------------------------|-------------------------------|
| Chase Analysis Business Checking | [REDACTED] 53006 | \$30,233.46 | \$0.00 |
| Chase Analysis Business Checking | [REDACTED] 55555 | 100.00 | 0.00 |
| Chase Analysis Business Checking | [REDACTED] 56223 | 834.50 | 600.88 |
| Total | | \$31,167.96 | \$600.88 |
| TOTAL ASSETS | | \$31,167.96 | \$600.88 |

CHASE ANALYSIS BUSINESS CHECKING

VITALITY HEALTH PLAN OF CALIFORNIA, INC.

Account Number: [REDACTED] 3006

CHECKING SUMMARY

| | INSTANCES | AMOUNT |
|------------------------------|-----------|--------------------|
| Beginning Balance | | \$30,233.46 |
| Deposits and Additions | 4 | 18,850.48 |
| Checks Paid | 4 | -11,650.37 |
| ATM & Debit Card Withdrawals | 2 | -842.73 |
| Electronic Withdrawals | 4 | -35,740.37 |
| Fees | 1 | -850.47 |
| Ending Balance | 15 | \$0.00 |



January 01, 2021 through January 29, 2021

Primary Account [REDACTED] 3006

DEPOSITS AND ADDITIONS

| DATE | DESCRIPTION | AMOUNT |
|-------------------------------------|---|--------------------|
| 01/06 | Online Transfer From Chk ...6223 Transaction#: 10955977512 | \$18,000.00 |
| 01/12 | Orig CO Name:Palmetto Gba Val Orig ID:1571062326 Desc Date:011221 CO Entry Descr:Cgdp Sec:CCD Trace#:041000122082539 Eed:210112 Ind ID:Dhwx Ind Name:Vitality Health Plan O Cg05011001H1426 877-534-2772 Trn: 0122082539Tc | 0.01 |
| 01/22 | Service Fee Reversal | 200.00 |
| 01/22 | Online Transfer From Chk ...5555 Transaction#: 11049218120 | 650.47 |
| Total Deposits and Additions | | \$18,850.48 |

CHECKS PAID

| CHECK NO. | DESCRIPTION | DATE PAID | AMOUNT |
|--------------------------|-------------|-----------|--------------------|
| 300770 ^ | | 01/04 | \$460.00 |
| 300803 * ^ | | 01/04 | 471.17 |
| 300832 * ^ | | 01/05 | 5,600.00 |
| 300833 ^ | | 01/04 | 5,119.20 |
| Total Checks Paid | | | \$11,650.37 |

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

| DATE | DESCRIPTION | AMOUNT |
|---|---|-----------------|
| 01/06 | Card Purchase 01/05 IN *Corporate Image MA 800-2241000 CA Card 0683 | \$299.00 |
| 01/08 | Card Purchase 01/07 Pip Printing No 46 562-8610863 CA Card 0683 | 543.73 |
| Total ATM & Debit Card Withdrawals | | \$842.73 |

ATM & DEBIT CARD SUMMARY

Brian O Barry Card 0683

| | |
|--------------------------------|----------|
| Total ATM Withdrawals & Debits | \$0.00 |
| Total Card Purchases | \$842.73 |
| Total Card Deposits & Credits | \$0.00 |

ATM & Debit Card Totals

| | |
|--------------------------------|----------|
| Total ATM Withdrawals & Debits | \$0.00 |
| Total Card Purchases | \$842.73 |
| Total Card Deposits & Credits | \$0.00 |



January 01, 2021 through January 29, 2021

Primary Account: [REDACTED] 3006

ELECTRONIC WITHDRAWALS

| DATE | DESCRIPTION | AMOUNT |
|-------------------------------------|---|--------------------|
| 01/06 | Orig CO Name: Vitality Oprting Orig ID: 9853006001 Desc Date: Prfund CO Entry Desc: Corp Pay Sec: CCD Trace#: 021000026588733 Eed: 210106 Ind ID: 9853006001 Ind Name: EFT File Name: Rp00620 EFT/ACH Created Offset For Origin#: 9090209001 CO Eff Date: 21/01/06 210106 Rp006202 Trn: 0066588733Tc | \$8,609.79 |
| 01/12 | Orig CO Name: Unitedhealthcare Orig ID: 4945062115 Desc Date: 210111 CO Entry Desc: Premium Sec: CCD Trace#: 091000012892871 Eed: 210112 Ind ID: 253402 Ind Name: Vitality Health Plan 30685 Trn: 0122892871Tc | 17,866.77 |
| 01/12 | Orig CO Name: United Healthcar Orig ID: 1411289245 Desc Date: CO Entry Desc: EDI Paymtssec: CTX Trace#: 043000262892873 Eed: 210112 Ind ID: 143380072386 Ind Name: 0007Vitality Health Trn: 0122892873Tc | 6,359.84 |
| 01/14 | 01/14 Online Transfer To Chk ...6223 Transaction#: 11000649040 | 2,903.97 |
| Total Electronic Withdrawals | | \$35,740.37 |

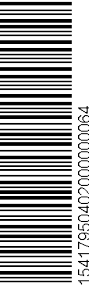
FEES

| DATE | DESCRIPTION | AMOUNT |
|-------------------|------------------------------------|-----------------|
| 01/15 | Account Analysis Settlement Charge | \$850.47 |
| Total Fees | | \$850.47 |

Your service charges, fees and earnings credit have been calculated through account analysis.

DAILY ENDING BALANCE

| DATE | AMOUNT |
|-------|-------------|
| 01/04 | \$24,183.09 |
| 01/05 | 18,583.09 |
| 01/06 | 27,674.30 |
| 01/08 | 27,130.57 |
| 01/12 | 2,903.97 |
| 01/14 | 0.00 |
| 01/15 | -850.47 |
| 01/22 | 0.00 |





January 01, 2021 through January 29, 2021

Primary Account: [REDACTED] 3006

CHASE ANALYSIS BUSINESS CHECKING

VITALITY HEALTH PLAN OF CALIFORNIA, INC.

Account Number: [REDACTED] 5555

CHECKING SUMMARY

| | INSTANCES | AMOUNT |
|--------------------------|-----------|-----------------|
| Beginning Balance | | \$100.00 |
| Deposits and Additions | 1 | 292,000.00 |
| Electronic Withdrawals | 6 | -291,858.95 |
| Fees | 1 | -241.05 |
| Ending Balance | 8 | \$0.00 |

DEPOSITS AND ADDITIONS

| DATE | DESCRIPTION | AMOUNT |
|-------------------------------------|--|---------------------|
| 01/05 | Online Transfer From Chk ...6223 Transaction#: 10948197929 | \$292,000.00 |
| Total Deposits and Additions | | \$292,000.00 |

ELECTRONIC WITHDRAWALS

| DATE | DESCRIPTION | AMOUNT |
|-------------------------------------|--|---------------------|
| 01/06 | Orig CO Name:Employers Res Orig ID:3330688056 Desc Date:210106 CO Entry Descr:Zu2-Payrolsec:CCD Trace#:091000014007426 Eed:210106 Ind ID:Zu2-Payrol Ind Name:0002288Zu2 Vitality He Zu2 Vitality Health Trn: 0064007426Tc | \$20,211.94 |
| 01/07 | Orig CO Name:Employers Res Orig ID:3330688056 Desc Date:210107 CO Entry Descr:Zu2-Payrolsec:CCD Trace#:091000015912255 Eed:210107 Ind ID:Zu2-Payrol Ind Name:0002328Zu2 Vitality He Zu2 Vitality Health Trn: 0075912255Tc | 133,941.26 |
| 01/22 | 01/22 Online Transfer To Chk ...3006 Transaction#: 11049218120 | 650.47 |
| 01/22 | 01/22 Online Transfer To Chk ...6017 Transaction#: 11049224399 | 5,000.00 |
| 01/22 | Orig CO Name:Employers Res Orig ID:3330688056 Desc Date:210122 CO Entry Descr:Zu2-Payrolsec:CCD Trace#:091000012127403 Eed:210122 Ind ID:Zu2-Payrol Ind Name:0000323Zu2 Vitality He Zu2 Vitality Health Trn: 0222127403Tc | 131,852.30 |
| 01/25 | 01/23 Online Transfer To Chk ...6009 Transaction#: 11055617010 | 202.98 |
| Total Electronic Withdrawals | | \$291,858.95 |

FEES

| DATE | DESCRIPTION | AMOUNT |
|-------------------|------------------------------------|-----------------|
| 01/15 | Account Analysis Settlement Charge | \$241.05 |
| Total Fees | | \$241.05 |

Your service charges, fees and earnings credit have been calculated through account analysis.

DAILY ENDING BALANCE

| DATE | AMOUNT |
|-------|--------------|
| 01/05 | \$292,100.00 |
| 01/06 | 271,888.06 |
| 01/07 | 137,946.80 |



January 01, 2021 through January 29, 2021

Primary Account: [REDACTED] 3006

DAILY ENDING BALANCE (continued)

| DATE | AMOUNT |
|-------|------------|
| 01/15 | 137,705.75 |
| 01/22 | 202.98 |
| 01/25 | 0.00 |

CHASE ANALYSIS BUSINESS CHECKING

VITALITY HEALTH PLAN OF CALIFORNIA, INC.

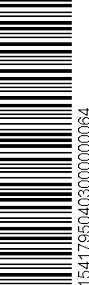
Account Number: [REDACTED] 6223

CHECKING SUMMARY

| | INSTANCES | AMOUNT |
|--------------------------|-----------|-----------------|
| Beginning Balance | | \$834.50 |
| Deposits and Additions | 14 | 1,344,496.07 |
| Electronic Withdrawals | 14 | -1,344,253.15 |
| Fees | 1 | -476.54 |
| Ending Balance | 29 | \$600.88 |

DEPOSITS AND ADDITIONS

| DATE | DESCRIPTION | AMOUNT |
|-------------------------------------|---|-----------------------|
| 01/04 | Lockbox No: 101829 For 5 Items At 16:00 5 Trn: 2400135004Lb | \$148.80 |
| 01/04 | Orig CO Name:Cmsa Treas 310 Orig ID:9101036151 Desc Date:010421 CO Entry Descr: Misc Paysec:CCD Trace#:101036153702539 Eed:210104 Ind ID:1814822508A1750 Ind Name:Vitality Health Plan O Rmr*IV*Appsh14262100040100*Ai*13403 07.53*1340307.53*0\ Trn: 3663702539Tc | 1,340,307.53 |
| 01/05 | Lockbox No: 101829 For 4 Items At 16:00 5 Trn: 2400042005Lb | 211.40 |
| 01/06 | Lockbox No: 101829 For 2 Items At 16:00 5 Trn: 2400280006Lb | 55.80 |
| 01/07 | Lockbox No: 101829 For 5 Items At 16:00 5 Trn: 2400016007Lb | 67.40 |
| 01/08 | Deposit [REDACTED] 3180 | 287.27 |
| 01/11 | Lockbox No: 101829 For 7 Items At 16:00 5 Trn: 2400249011Lb | 130.30 |
| 01/14 | Lockbox No: 101829 For 2 Items At 16:00 5 Trn: 2400224014Lb | 97.00 |
| 01/14 | Online Transfer From Chk ...3006 Transaction#: 11000649040 | 2,903.97 |
| 01/15 | Lockbox No: 101829 For 2 Items At 16:00 5 Trn: 2400113015Lb | 25.00 |
| 01/25 | Lockbox No: 101829 For 5 Items At 16:00 5 Trn: 2400417025Lb | 96.90 |
| 01/26 | Lockbox No: 101829 For 1 Items At 16:00 5 Trn: 2400027026Lb | 19.10 |
| 01/27 | Lockbox No: 101829 For 3 Items At 16:00 5 Trn: 2400201027Lb | 81.90 |
| 01/29 | Lockbox No: 101829 For 3 Items At 16:00 5 Trn: 2400153029Lb | 63.70 |
| Total Deposits and Additions | | \$1,344,496.07 |





January 01, 2021 through January 29, 2021

Primary Account: [REDACTED] 3006

ELECTRONIC WITHDRAWALS

| DATE | DESCRIPTION | AMOUNT |
|-------------------------------------|---|-----------------------|
| 01/04 | 01/04 Online Domestic Wire Transfer Via: US Bk CA Aub/121122676 A/C: Medimpact Healthcare Systems San Diego CA 92121 US Ref: Dec 19, 20, 21 Fees Imad: 0104B1Qgc06C012028 Trn: 3589881004Es | \$31,064.17 |
| 01/05 | 01/05 Domestic Wire Transfer Via: Bac Comnty Bk Stoc/121125660 A/C: Allcare Ipa Ref: January CAP Imad: 0105B1Qgc02C002329 Trn: 3711021004Es | 206,707.55 |
| 01/05 | 01/05 Domestic Wire Transfer Via: Bk Comrce SD/122235821 A/C: Medimpact Healthcare Systems, Inc Imad: 0105B1Qgc02C002330 Trn: 3711101004Es | 100,000.00 |
| 01/05 | 01/05 Online Transfer To Chk ...5555 Transaction#: 10948197929 | 292,000.00 |
| 01/05 | 01/05 Online Domestic Wire Transfer Via: US Bk CA Aub/121122676 A/C: Medimpact Healthcare Systems San Diego CA 92121 US Ref: Vitality Invoice 30077190 Imad: 0105B1Qgc04C009465 Trn: 3413241005Es | 50,973.20 |
| 01/06 | 01/06 Online Transfer To Chk ...3006 Transaction#: 10955977512 | 18,000.00 |
| 01/06 | Orig CO Name:Stretto Orig ID:9215986202 Desc Date:210106 CO Entry Descr:Sale Sec:CCD Trace#:021000024969348 Eed:210106 Ind ID: Ind Name:Vitality Health Trn: 0054969348Tc | 5,000.00 |
| 01/11 | 01/11 Online Domestic Wire Transfer Via: US Bk CA Aub/121122676 A/C: Medimpact Healthcare Systems San Diego CA 92121 US Ref: January 1 To 7 Invoice 30079973 Imad: 0111B1Qgc07C002467 Trn: 3024951011Es | 23,242.65 |
| 01/11 | 01/11 Online Domestic Wire Transfer Via: Comerica Sco Vly/121137522 A/C: Premier Care of Northern Californiaencino CA 91436 US Ref: January Capitation From Vitality Imad: 0111B1Qgc06C002598 Trn: 3026001011Es | 5,878.29 |
| 01/11 | 01/11 Online Domestic Wire Transfer A/C: Physician Partners Ipa, Inc. Garden Grove CA 92840-5834 US Ref: January 2021 Capitation Trn: 3027371011Es | 96,087.55 |
| 01/11 | 01/11 Online Domestic Wire Transfer Via: Comerica Sco Vly/121137522 A/C: Santa Clara County Ipa Foster City CA 94404 US Ref: January 2021 Capitation Imad: 0111B1Qgc04C002250 Trn: 3029571011Es | 29,554.21 |
| 01/12 | Orig CO Name:Vitality Health Orig ID:1571062326 Desc Date:011221 CO Entry Descr:Cgdp Sec:CCD Trace#:041000122892882 Eed:210112 Ind ID:Qhwx Ind Name:H1426 Vitality Health 972-428-1100 Trn: 0122892882Tc | 745.53 |
| 01/14 | 01/14 Online Transfer To Chk ...6009 Transaction#: 11000742775 | 470,000.00 |
| 01/25 | 01/25 Online Transfer To Chk ...6009 Transaction#: 11064224164 | 15,000.00 |
| Total Electronic Withdrawals | | \$1,344,253.15 |

FEES

| DATE | DESCRIPTION | AMOUNT |
|-------------------|------------------------------------|-----------------|
| 01/15 | Account Analysis Settlement Charge | \$476.54 |
| Total Fees | | \$476.54 |

Your service charges, fees and earnings credit have been calculated through account analysis.

DAILY ENDING BALANCE

| DATE | AMOUNT | DATE | AMOUNT | DATE | AMOUNT |
|-------|----------------|-------|------------|-------|--------|
| 01/04 | \$1,310,226.66 | 01/11 | 483,535.38 | 01/25 | 436.18 |
| 01/05 | 660,757.31 | 01/12 | 482,789.85 | 01/26 | 455.28 |
| 01/06 | 637,813.11 | 01/14 | 15,790.82 | 01/27 | 537.18 |
| 01/07 | 637,880.51 | 01/15 | 15,339.28 | 01/29 | 600.88 |
| 01/08 | 638,167.78 | | | | |



January 01, 2021 through January 29, 2021

Primary Account: [REDACTED] 3006

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

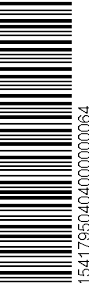
- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC



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January 01, 2021 through January 29, 2021

Primary Account: [REDACTED] 3006

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